U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

ŀ	or Official Use Only
Ε	(AUG 16, AID)
	William Control

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7683	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Rodney A Gillespie	Name Engineers, Operating, AFL-CIO LU4		
	Labor Organization File Number 033~610		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 16 Dole Hill Road	Street 16 Trotter Drive		
City Holden	City Medway		
State Maine ZIP Code + 4 04429-7551	State Massachusetts ZIP Code + 4 02053		
5. Position in labor organization. Union Representative			
Enter appropriate data below if during the past fiscal year, you or your spo	Is a minor child directly or indirectly had any of the following interacts		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
		7.b. Amount.	
Street			
City			
State ZIP Code	+ 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned sknowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	100	ey)	llen	
		7	7 V	

On 8/11/2005

207-843-6985

Date

Telephone Number

Name of Person Filing Rodney Gillespie		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	ss
8. Name and address of Business (including trade name, if any). Name IUOE Local 4 Health & Welfare, Pension & Annu Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 345 Street 177 Bedford St. City Lexington State Massachusetts ZIP Code + 4 02420	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Health & Welfare Funds	11.a. Nature of such deal health & welfare t 1/13/2004, Boston	ing. rustee working lunch meeting on
Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 345 Street 177 Bedford St.		
City Lexington State Massachusetts ZIP Code + 4 02420	11.b. Approximate dollar value. 12.a. Nature of interest hell bunch	
	12.b. Amount.	\$29
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		

or from any labor relations consultant to	an employer any payme	in or morie,	or other tring of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IUOE Local 4 Health & Welfare, Pension & Annu

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 345

Street 177 Bedford St.

City Lexington

State Massachusetts

ZIP Code + 4 02420

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Health & Welfare Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 345

Street 177 Bedford St.

City Lexington

State Massachusetts

ZIP Code + 4 02420

11.a. Nature of such dealing.

health & welfare trustee working lunch meeting on 4/1/2004, Boston

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Lunch

12.b. Amount.

\$29

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IUOE Local 4 Health & Welfare, Pension & Annu

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 345

Street 177 Bedford St.

Lexington City

State Massachusetts

ZIP Code + 4 02420

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Health & Welfare Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 345

Street 177 Bedford St.

City Lexington

State Massachusetts

ZIP Code + 4 02420

11.a. Nature of such dealing.

health & welfare trustee working lunch meeting on 7/22/2004, Boston

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Lunch

12.b. Amount.

\$35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IUOE Local 4 Health & Welfare, Pension & Annu

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 345

Street 177 Bedford St.

Lexington

State Massachusetts

ZIP Code + 4 02420

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Health & Welfare Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 345

Street 177 Bedford St.

City Lexington

State Massachusetts

ZIP Code + 4 02420

11.a. Nature of such dealing.

IFEBP '05 Annual Conference / Hawaii

10/28/2004

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Hotel deposit / registration

12.b. Amount.

\$1,310

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing	Rodney Gillespie	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

dealing with your labor organization of with a trust in which your labor organization	inor is interested.
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name TUOE Local 4 Health & Welfare, Pension & Annu Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 345 Street 177 Bedford St. City Lexington State Massachusetts ZIP Code + 4 02420	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Health & Welfare Funds	health & welfare trustee working lunch meeting on 11/2/2004, Boston
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box 345	
Street 177 Bedford St.	11.b. Approximate dollar value of such dealing. \$0
City Lexington	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received.
State Massachusetts ZIP Code + 4 02420	Lunch

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZiP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

12.b. Amount.

\$35